



Your Guide to Medicare Special Needs Plans (SNPs)

**This official government booklet
has important information
about the following:**

- ★ How Medicare SNPs work
- ★ Joining and switching a Medicare SNP
- ★ Deciding if a Medicare SNP is right for you





The information in this guide was correct when it was printed. Changes may occur after printing. Call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov to get the most current information. TTY users should call 1-877-486-2048.

“Your Guide to Medicare Special Needs Plans (SNPs)” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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Introduction to Medicare Special Needs Plans (SNPs)

Medicare Special Needs Plans are a type of Medicare Advantage Plan (Part C) for people with certain chronic diseases and conditions or who have specialized needs (such as people who have both Medicare and Medicaid or people who live in certain institutions). Medicare SNPs provide their members with all Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance) services, and Medicare prescription drug coverage (Part D). Medicare SNPs were created to give certain groups of people better access to Medicare by enrolling in a plan designed to meet their unique needs.

Joining a Medicare SNP is your choice if you qualify to join one. For information about other types of Medicare health plans you can join, look at your copy of the “Medicare & You” handbook, or visit www.medicare.gov. You can also call 1-800-MEDICARE (1-800-633-4227), and ask about Medicare health plan options in your area. TTY users should call 1-877-486-2048.

About Medicare Special Needs Plans

What Is a Medicare Special Needs Plan (SNP)?

Medicare Special Needs Plans are a type of Medicare Advantage Plan (like an HMO or PPO). Medicare SNPs limit membership to people with specific diseases or characteristics, and tailor their benefits, their provider choices, and their drug formularies (list of covered drugs) to best meet the specific needs of the groups they serve.

Who Can Join a Medicare SNP?

You can join a Medicare SNP if you have Medicare Part A and Part B, live in the plan's service area, and meet one of the following requirements:

- You have one or more specific chronic or disabling conditions (like diabetes, congestive heart failure, a mental health condition, or HIV/AIDS).
- You live in an institution (like a nursing home), or you require nursing care at home.
- You have both Medicare and Medicaid.

Medicare SNPs limit membership to people in one of these groups, or a subset of these groups.

For example, a Medicare SNP may be designed to serve only people who have been diagnosed with congestive heart failure. The plan would include access to a network of providers who specialize in treating congestive heart failure, and it would feature clinical case management programs designed to serve the special needs of people with this condition. The plan's formulary would be designed to cover the drugs that are usually used to treat congestive heart failure. People who joined this plan would get benefits specially tailored to their condition and have all their care coordinated through the Medicare SNP.

Contact the plan you're interested in or review plan materials to see if you meet the plan's conditions for membership. For more information about joining a Medicare SNP, see page 11.

How Medicare SNPs Work

Medicare SNPs are approved by Medicare and run by private companies. When you join a Medicare SNP, you get all of your Medicare hospital and medical health care services through that plan, including Medicare prescription drug coverage.

Because they offer all health care services through a single plan, Medicare SNPs can help you manage your different services and providers. They can make it easier for you to follow your doctor's orders related to diet and prescription drug use. Medicare SNPs for people with both Medicare and Medicaid may also help them get help from the community and coordinate many of their Medicare and Medicaid services.

Just like with other Medicare health plans, if you join a Medicare SNP, you may have to see providers who belong to the plan or use certain hospitals to get covered services. The Medicare SNP will still provide coverage for emergency or urgently needed care, even if you're out of the plan's service area. In most cases, you will need referrals to see specialists.

If you decide to join a Medicare SNP, you should know the following:

- If you have Medicare and Medicaid, or have limited income and resources, some or all of your health care costs may be covered. Contact your State Medical Assistance (Medicaid) office to learn more. Call 1-800-MEDICARE (1-800-633-4227) for the phone number. TTY users should call 1-877-486-2048.
- You're still in the Medicare Program.
- You still have Medicare rights and protections.
- You still get complete Medicare Part A and Part B coverage.
- You get prescription drug coverage (Part D) through the plan.
- You may be able to get extra benefits offered by the plan that are tailored to the groups they serve, such as diabetes services, care coordination, and/or other health and wellness programs.
- You generally still pay the Part B premium (in some cases the plan may cover part or all of the Part B premium as a plan benefit). You generally will also pay a Medicare SNP premium that helps cover costs of providing Part A and Part B benefits, prescription drug coverage, and any other extra benefits the plan offers.

How Much Do Medicare SNPs Cost?

If you have Medicare and Medicaid, most of the costs of joining a Medicare SNP will be covered for you. Contact your State Medical Assistance (Medicaid) office for more information and to see if you qualify for Medicaid benefits. Visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the telephone number for your local Medicaid office. TTY users should call 1-877-486-2048.

If you join a Medicare SNP and you don't have both Medicare and Medicaid (or get other help from your state paying for your Medicare premiums), your exact costs will vary depending on the plan you choose. In general, you will pay the following:

- Your monthly Medicare Part B premium.
- Any additional monthly premium the Medicare SNP charges above the Medicare Part B premium for Medicare Part A and B services.
- Any additional monthly premium the Medicare SNP charges for prescription drug benefits.
- Any additional monthly premium the Medicare SNP charges for extra benefits.
- Any plan deductible, coinsurance, or copayment amounts the Medicare SNP charges. For example, the plan may charge a set copayment amount, like \$10 or \$20, every time you see a doctor.

Your costs will also depend on the type of health care services you need, how often you get health care services, whether you follow the plan's rules, and what your plan charges for any extra benefits you may need. If you have Medicare and Medicaid, the SNP can't charge you higher cost-sharing amounts than you would pay in Original Medicare. **It's important that you contact the Medicare SNP you want to join to learn what your exact costs will be before you decide to join.**

Extra Help for People with Limited Income and Resources

All Medicare SNPs include Medicare prescription drug coverage (Part D). Usually, you pay a copayment for your prescriptions. If you have limited income and resources, you may be able to get Extra Help paying your prescription drug coverage costs. People who qualify may be able to get their prescriptions filled and pay little or nothing out of pocket. There is no cost or obligation to apply for Extra Help, so anyone who thinks they might qualify should apply. You can apply for Extra Help at any time.

To apply for Extra Help paying for Medicare prescription drug coverage, call Social Security at 1-800-772-1213, or visit www.socialsecurity.gov. TTY users should call 1-800-325-0778. You can also visit your State Medical Assistance (Medicaid) office. After you apply, you will get a letter in the mail letting you know what to do next. **If you have Medicare and Medicaid, you qualify for this Extra Help automatically and don't need to apply.**

Where Are Medicare SNPs Offered?

Insurance companies decide where they will do business, so Medicare SNPs may not be available in some parts of the country. Insurance companies can decide that a plan will be available to everyone with Medicare in a state, or be available only in certain counties. Insurance companies may also offer more than one plan in an area, with different benefits and costs. Each year, insurance companies offering Medicare SNPs can decide to join or leave Medicare.

Here's how you can find the Medicare SNPs in your area:

- Look at the “**Medicare & You**” handbook that is mailed to you each fall. The Medicare SNPs in your area are listed in the back.
- Visit www.medicare.gov. Select “Compare Health Plans and Medigap Policies in Your Area.” If you don't have a computer, your local library or senior center may be able to help you access the Medicare Web site.
- Call **1-800-MEDICARE** (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare SNP Services and Benefits

What Services Do Medicare SNPs Cover?

Medicare SNPs must cover all of the medically necessary services and preventive services covered under Medicare Part A and Part B, and prescription drug coverage under Part D. Medicare SNPs may also cover extra services tailored to the special groups they serve, like extra days in the hospital. Contact your plan to learn exactly what benefits and services the plan covers.

Do Medicare SNPs Cover Prescription Drugs?

Yes. All Medicare SNPs must provide Medicare prescription drug coverage. Medicare SNP formularies may be designed to cover the drugs most needed to treat the special needs of its members.

Do You Need to Choose a Primary Care Doctor in a Medicare SNP?

In most cases, Medicare SNPs may require you to have a primary care doctor, or the plan may require you to have a care coordinator to help with your health care.

What Is a Care Coordinator?

Some Medicare SNPs use a care coordinator to help you stay healthy and follow your doctor's orders. A care coordinator is someone who helps make sure people get the right care and information. For example, a Medicare SNP for people with diabetes might use a care coordinator to help members monitor their blood sugar, follow their diet, get proper exercise, schedule preventive services such as eye and foot exams, and get the right prescriptions to prevent complications. A Medicare SNP for people with both Medicare and Medicaid might use a care coordinator to help members access community resources and coordinate their different Medicare and Medicaid services.

When You Join a Medicare SNP, Can You Get Health Care from Any Doctor or Hospital?

No. Generally, you must get your care and services from doctors or hospitals in the Medicare SNP's network (except emergency or urgent care, such as care that you get for a sudden illness or injury that needs medical care right away, or if you have End-Stage Renal Disease (ESRD) and need out-of-area dialysis). Medicare SNPs typically have specialists in the diseases or conditions that affect their members.

Do You Have to See a Primary Care Doctor to Get a Referral to See a Specialist in a Medicare SNP?

In most cases, you will have to get a referral. However, women don't need a referral to get a yearly mammogram or an in-network pap test and pelvic exam (covered at least every other year).

How Do You Know if the Plan Covers a Service You Need?

Medicare SNPs must use Medicare's coverage rules to decide which services are medically necessary and covered by Medicare. This means that if a service is considered medically necessary under Original Medicare, the Medicare SNP must cover the service. You can also ask the plan for an advance coverage decision to make sure the service is medically necessary and will be covered. (See page 14 for more information about advance coverage decisions.) If you ask for an advance coverage decision, you have the right to get a decision from the Medicare SNP.

Do Medicare SNPs Cover Services that Medicare Doesn't Consider Medically Necessary?

Medicare SNPs generally don't cover the costs of services that aren't considered medically necessary under Medicare. If you need a service that the Medicare SNP decides isn't medically necessary, you may have to pay all the costs of the service. However, you have the right to appeal the plan's decision. See page 13 for more information on appeals.

Joining and Switching Medicare SNPs

When Can You Join a Medicare SNP?

The chart lists the times you may be able to join a Medicare SNP, or switch out of a Medicare SNP to a different plan.

Who can join or switch?	When can you join or switch?
If you have Medicare and get help from Medicaid (your state), or you live in an institution like a nursing home or hospital...	You can join any Medicare SNP you qualify for or switch plans at any time.
If you're newly eligible for Medicare...	You can join any Medicare SNP you qualify for during your Initial Enrollment Period, which is usually the 7-month period that starts 3 months before you turn 65, includes the month in which you turn 65, and ends 3 months after you turn 65. You can join from 3 months before to 3 months after your 25th month of disability.
If you have Medicare ...	You can join any Medicare SNP you qualify for during the Annual Enrollment Period between November 15–December 31 each year.
If you have Medicare AND you have Medicare prescription drug coverage ...	You can join any Medicare SNP you qualify for during the Medicare Advantage Open Enrollment Period between January 1–March 31 each year.
If you have Medicare AND you develop certain severe or disabling conditions ...	You can join a Medicare SNP designed to serve people with those conditions at any time, but once you enroll in a plan, this Special Enrollment Period ends.
If you join a Medicare SNP and you move out of your plan's service area ...	You can switch plans when you move, or you will be automatically returned to Original Medicare. In some cases, you may be able to stay in your Medicare SNP. Call your plan for details.
If you belong to a Medicare SNP that leaves the Medicare Program ...	You can switch plans when your Medicare SNP notifies you that it is leaving the Medicare Program.

Disenrollment from a Medicare SNP

You generally would only stay enrolled in a SNP if you continue to meet the special condition served by the plan. For example, if you joined a Medicare SNP that only serves members with both Medicare and Medicaid and you lose your Medicaid eligibility, you would probably not want to remain enrolled in that SNP. You will have a Special Enrollment Period that will allow you to make another choice.

This Special Enrollment Period starts when your Medicare SNP notifies you that your coverage is about to end and continues for 2 months after your coverage ends. It's very important to review your coverage options at this time to make sure you continue to have the Medicare coverage you want.

How to Join a Medicare SNP

Once you choose a Medicare SNP, you may be able to join in any of the following ways:

- **By paper application.** Contact the plan you choose to get an application, fill it out, and return it to the plan.
- **On the plan's Web site.** Visit the plan's Web site to see if you can join online.
- **By telephone.** Call the plan you want to join, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- **Medicare's Web site.** If you have Medicare and Medicaid, you may be able to join a Medicare SNP through the Online Enrollment Center by visiting www.medicare.gov.

How to Switch Your Medicare SNP

If you're in a Medicare SNP and want to switch to Original Medicare, contact your current plan, or call 1-800-MEDICARE.

If you're in a Medicare SNP, you may only be able to switch at certain times of the year. See page 11 to learn when you may be able to join and switch Medicare SNPs.

If you're in a Medicare SNP and you want to switch to a new Medicare SNP or other Medicare health plan, simply join the new plan. If you're eligible to switch plans, you will be disenrolled automatically from your old plan when your new plan coverage begins.

Your Appeal Rights

Your Rights When You Join a Medicare SNP

Medicare SNPs must use Medicare's coverage rules to decide what services are medically necessary and covered by Medicare. This means that if a service is considered medically necessary under Original Medicare, the Medicare SNP must cover the service.

If your plan won't pay for, or doesn't allow, a service you think should be covered, you can file an appeal. You have the right to appeal any decision about your Medicare-covered services or extra benefits. This is true whether you're in Original Medicare or a Medicare SNP.

How to Appeal a Medicare SNP Coverage Decision

If you're in a Medicare SNP, you can file an appeal if your plan won't pay for, doesn't allow, stops, or limits a service you think should be covered or provided. If you think your health could be seriously harmed by waiting for a decision about a service, ask the plan for a fast decision. They must answer you within 72 hours.

Your Medicare SNP must tell you in writing how to appeal. After you file an appeal, the plan will review its original decision. If your plan doesn't decide in your favor, the appeal is reviewed by an independent organization that works for Medicare, not for the plan. See your plan's membership materials or contact your plan for details about your Medicare appeal rights.

What If Your Services Are Ending too Soon?

If you believe you're being discharged from a hospital too soon, you have a right to immediate review by the Quality Improvement Organization (QIO) in your area. A QIO is a group of doctors and health professionals who monitor and review complaints about quality of care. You may be able to stay in the hospital at no charge while the QIO reviews your case. The hospital can't force you to leave before the QIO reaches a decision. Call 1-800-MEDICARE (1-800-633-4227) to get the telephone number for the QIO in your area, or visit www.medicare.gov and select "Find Helpful Phone Numbers and Websites." TTY users should call 1-877-486-2048.

If you think your services in a skilled nursing facility, home health agency, or comprehensive outpatient rehabilitation facility are ending too soon, you also have the right to a fast-track appeal. Contact your provider or plan, and they will tell you how to ask for an appeal if you think these services are ending too soon. You will be able to get a fast review of this decision, with independent doctors looking at your case and deciding if your services need to continue.

Advance Coverage Decisions

If you aren't sure whether your plan will cover a service you think you need, you can ask the plan for a decision in advance to make sure the service is medically necessary and will be covered. If you ask for an advance coverage decision, you have the right to get a decision from the Medicare SNP.

Before you join a Medicare SNP, ask the plan or check plan materials to see how they handle medically-necessary services and advance coverage decisions.

Medigap Policies and Medicare SNPs

Can You Keep Your Medigap Policy if You Join a Medicare SNP?

Yes, you can keep your Medigap (Medicare Supplement Insurance) policy if you join a Medicare SNP. However, it may cost you a lot, and you may get little benefit from it while you're in the Medicare SNP. You may want to keep your Medigap policy until you're sure you're happy with the Medicare SNP. If you're already in a Medicare SNP, or if you're covered by Medicaid, you don't need a Medigap policy. Generally, it is illegal for anyone to sell you one in these cases.

If You Drop Your Medigap Policy When You Join a Medicare SNP, What Medigap Protections Do You Have?

If you drop your Medigap policy when you join a Medicare SNP, you may have the right to get another Medigap policy later if either of the following is true:

- Your Medicare SNP coverage ends (through no fault of your own).
- You join a Medicare SNP for the first time (and haven't been in another Medicare health plan), and you leave the plan within one year of joining.

If you were new to Medicare when you joined the Medicare SNP, you may be able to choose any Medigap policy you want. If you had a Medigap policy and dropped it when you joined the Medicare SNP, you may be able to get the same Medigap policy back.

What Happens if Your Medicare SNP Coverage Ends?

If your Medicare SNP coverage ends or your plan stops providing care in your area, you can join another Medicare health plan, if one is available, or you can return to Original Medicare. Generally, if you return to Original Medicare, you may also have the right to buy a Medigap policy.

For More Information about Medicare SNPs

Get Personalized Medicare Information Anytime

There are several places you can go to get more information about Medicare SNPs or to find out what Medicare SNPs are available in your area:

- Look at the “Medicare & You” handbook that is mailed to you in the fall. The Medicare SNPs in your area are listed in the back.
- Visit www.medicare.gov, and select “Compare Health Plans and Medigap Policies in Your Area.” If you don’t have a computer, your local library or senior center may be able to help you access the Medicare Web site.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call the company offering the Medicare SNP you’re interested in to answer any questions you have about the plan. They can send you information about the plan and explain the plan’s benefits.
- Call your local State Health Insurance Assistance Program (SHIP) for help with choosing and joining a Medicare SNP, payment denials or appeals, Medicare rights and protections, complaints about your care or treatment, or Medicare bills. For the phone number of the SHIP office near you, visit www.medicare.gov and select “Find Helpful Phone Numbers and Websites.” You can also call 1-800-MEDICARE.

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My Medicare.*

This booklet is available in Spanish. To get a free copy, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

¿Necesita usted una copia de esta guía en Español? Llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deberán llamar al 1-877-486-2048.